



# State of Illinois Cigarette Distributor Affidavit Little Cigar/Cigarette Addendum

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## Part 1: Distributor Identification

Company Name		LY: 2014
Cigarette License No.	TP License No.	

## Part 2: Sales of Cigars

For each brand family of Cigars that are classified as cigarettes in Illinois in 2014, list the brand, manufacturer, number of cigars per pack, sales volume (in sticks), and whether the cigars had an Illinois tax stamp affixed, were sold unstamped and the OTP tax was paid or were sold unstamped and the cig tax was paid.

Brand	Manufacturer	Number of Cigars per pack	Sticks Sold		
			Stamped	Unstamped OTP tax paid	Unstamped Cig tax paid



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## Part 3: Additional Info for Cigars Classified as Cigarettes

For each brand family of cigars classified as cigarettes in 2014, provide the following:

- ▶ RC-6 Cigarette Revenue Return or RC-6-A Out of State Cigarette Revenue Return for each month and/or RC-55 Unstamped Little Cigar Sticks Tax Return, including invoices and other documentation sufficient to identify the cigars on which IL tax stamps were affixed or the IL cigarette tax was paid as well as the date sold, quantity, and entity to which they were sold.
- ▶ Documentation for Illinois tax stamps (in sticks) affixed to cigar packs.
- ▶ Filings with Revenue and/or documentation sufficient to identify the cigars shipped to you including the brand, manufacturer, quantity and who shipped the product.
- ▶ Filings with Revenue and/or documentation sufficient to identify the sale or transfer out of IL of cigars shipped to you including the brand, manufacturer, quantity and who you transferred or sold the cigars to.
- ▶ Copies of any RC-16 Cigarette Tax Claim for Credit and RC-16-P where tax stamps were affixed to any package containing less than 20 little cigars meeting the definition of a cigarette.
- ▶ Original packaging for one brand style which is representative of each brand family of cigars classified as cigarettes. Flat, empty cartons are preferred.

## Part 4: Distributor Certification

Under penalties of perjury, I state that, to the best of my knowledge, all of the information contained in this Affidavit and any attached documents are true and accurate. ***This document must be signed and dated by an authorized notary public.***

\_\_\_\_\_  
Distributor's Designee (Print Name)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Distributor's Designee

\_\_\_\_\_  
Date

Subscribed and sworn  
to before me this date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
County

\_\_\_\_\_  
Commission Expires

Mail by January 20, 2015

Submit the completed Addendum with the completed Affidavit to:

**Illinois Attorney General  
Tobacco Enforcement Bureau  
500 South Second Street  
Springfield IL 62706**

**For Additional Forms and Information**

Phone (217) 785-8541

Fax (217) 524-4701

[www.IllinoisAttorneyGeneral.gov](http://www.IllinoisAttorneyGeneral.gov) (Click on Tobacco)